

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 252

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sedalia

Length of stay in 1b
18 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Sedalia

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
620 East 17th

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
MARVIN

Middle
CONWAY

Last
GOEHMAN

4. DATE OF DEATH

Month
July

Day
9

Year
1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6/26/06

9. AGE (last birthday)
56

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY
Mo-Pac R.R.

11. BIRTHPLACE (City and state or country)
Jackson, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Otto Goehman

13b. MOTHER'S MAIDEN NAME

Anna Oldham Goehman

14. NAME OF HUSBAND OR WIFE

Helen Chapman Goehman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Helen Goehman,

Address

620 East 17th

Sedalia, Mo. INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

3 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

QSHD.

P

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1962 - July 3, to 7-9-62 and last saw him alive on 7/9/62
Death occurred at 1:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7/12/62

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county)
Rural Cape Girardeau County, Mo.

(State)

24. GENERAL DIRECTOR

ADDRESS

Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

July 10, 1962

26. REGISTRAR'S SIGNATURE

Abney Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

0808

2808

3

4 0

5 1

6

7 0

8 2

94200

10

11

12 1-0

13 1-0

JUL 19 1962

OCT 10 1962

SEP 11 1962

JAN 18 1963

SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.